ate for a week or ten days; it should soon begin to improve, and in two months very definite improvement should have taken place. Strychnine appears to hasten improvement; it is said, also, to relieve the desire for tobacco. Some, but very few, may, if due to debilitating causes, improve without discontinuing the tobacco as the health improves. It is well to look for tobacco amblyopia as a complication in other ocular diseases. Its discovery may improve the prognosis.

New Method of Muscular Advancement in Strabismus.—FROMAGET (*Journ. de Med. de Bordeaux*, 1901, No. 18) calls attention to the unsightliness of the buckling of the tissues which necessarily results from advancement of the tendons of the recti muscles as usually practised, and to the loss of motility due to the adhesion of the conjunctiva as a bridle in the cicatrix. The ideal should here be not only to straighten the eye, but also to preserve its movements intact. The muscular insertions are to be displaced without the involvement of the conjunctiva. To accomplish this he employs the following procedure: 1. After having tenotomized the retracting muscle he divides the conjunctiva, over the tendon to be advanced, in a vertical curved line, concave toward the cornea, about 4 mm. from the limbus. 2. He then dissects the distal conjunctival flap as far back as possible to disengage the tendon and its expansions. He next dissects the corneal flap of the conjunctiva so as to be able to slide the end of the tendon beneath it according to the degree of advancement desired. 3. An assistant then raises and retracts the distal flap of the conjunctiva. Two sutures are passed through the exposed tendon—one above and one below. The needle is passed into the episcleral tissue and made to emerge near the vertical diameter of the cornea, above and below, exterior to the limbus. The suture thus includes the tendon, the episcleral tissue, and the corneal flap of the conjunctiva. 4. The tendon is then divided on a level with the sclera, care being taken not to cut the sutures. 5. The eye is brought into the desired position by means of fixation forceps in the hands of an assistant, and the two sutures are then drawn tight and tied. The sutures thus include in their knot only the corneal conjunctiva, which readily smooths out later. 6. As to the flap of distal conjunctiva, it is left to smooth itself out and to cover over the operative field. If it is too redundant, enough is resected to make nice contact with the corneal flap. A small superficial conjunctival suture can be applied if thought necessary.

As in the ordinary procedure, the muscle is seized further back and the sutures are brought out nearer to the vertical diameter of the cornea, according as a more decided degree of advancement is desired. The results obtained by this method have been durable and satisfactory from a cosmetic point of view.

The Electric Light in Ophthalmology.—AUBARET (*Journ. de Med. de Bordeaux*, 1901, No. 19) extols the electric light for various diagnostic purposes in ophthalmology (beside its use as a source of illumination in ophthalmoscopy) as in lateral and indirect illumination, exploration of the ocular globe by transparency, and of the sinuses by diaphanoscopy. The test-letters and optometers can be illuminated by electricity, and the mobility of the muscles can be examined more accurately by the same light. For the illumination of the fundus electric lamps of ground-glass are preferable, giving a more uniform and less intense light. They may be placed behind screens; it is better, however, to surround them with a metallic cylinder having a circular opening 45 mm. in diameter. Such an opening gives light enough. This arrangement emits almost no heat. It constitutes a real advance in the classical technique of ophthalmoscopic examination.

1. The electric light can be attached to the handle of the ophthalmoscope itself, inclining the mirror at 45°. Wolf's method of using the total reflection of a prism is, however, much to be preferred. His very ingenious instrument was shown at the Congress of Ophthalmology. Aubaret makes use of a different plan. He dispenses with the mirror, the light taking its place directly—a small electric lamp enclosed in a metallic envelope having an opening in its anterior part. It may be placed quite close to the sight hole, in front of a plate like that which carries the mirror in an ordinary ophthalmoscope. It can be adapted to any ophthalmoscope. It is not necessary to throw upon the pupil a homocentric pencil, as with the mirror. Both pupils are illuminated at once. Examination with the indirect image is very satisfactory. The fields of illumination and examination are as extensive as by the ordinary method. As a matter of fact, the entire pupil is not utilized, but the pupillary field is the more illuminated the closer the lamp is brought to coincide with the line of sight. Thus examination in the direct image is less satisfactory than in the indirect. The method realizes in a perfect way the primitive disposition of Brücke's experiment. Stilling, who was one of the few to practice orthoscopy, made use of an analogous but less perfect plan. But with the former methods of illumination orthoscopy was useful only in exceptional conditions, such as high degrees of hypermetropia, or detachment of the retina. Thanks to the electric light, it may now rival ophthalmoscopy.

2. Oblique illumination. Lateral illumination is greatly facilitated by the use of the electric light. Aubaret employs two metallic tubes sliding the one into the other, one of which carries the electric lamp and the other a strong converging lens. Any desired degree of convergence of the light can thus be obtained.

3. Illumination by transparency and illumination of the sinuses. Diaphanoscopy of the eyeball requires special forms of illumination. Cylinders of glass permitting the concentration of the rays upon a very small surface are employed as in the apparatus of Birnbacher and Rochon-Duvignaud. Optometric measurements may also be made under very convenient conditions of illumination. Transparent test-letters illuminated by lamps placed behind them permit of measurements comparable with one another. The optometric scales can be illuminated in the same way.

Optometric measurements can also be made in the dark-room, a great advantage, because more perfect relaxation of the accommodation is thus obtained. Finally, a very elongated electric lamp, having somewhat the form of a luminous cylinder, 12 cm. long and 2 cm. in diameter, mounted on a handle, can be readily carried into all parts of the field for examining the condition of the muscles by means of double images. The position of the false images, and especially their inclinations, can be best determined by this apparatus—a determination very difficult with the ordinary candle. Its light, also, is fixed and immovable and not waving like the ordinary flame, permitting much greater precision and exactness.

Injections of Vaseline after Enucleation of the Eyeball.—DIANOUX (*Gaz. Méd. de Nantes*, 1901, No. 31) recommends the injection of vaseline after enucleation for the purpose of giving the stump a convex shape forward in place of the concavity ordinarily obtained. The injection is practised into the soft tissues in the axis of the orbit to a depth of 5 or 6 mm., after all inflammatory reaction has disappeared. He concludes: 1. That the injection of vaseline is entirely harmless. 2. That any degree of projection desired can be given to the tissues. 3. That the stump thus obtained possesses great mobility. 4. That a radical reform is to be expected in the shape of artificial eyes.

HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF

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The Possibility of Infection by Minute Droplets Thrown Out in Speaking, Coughing, and Sneezing.—Bearing on the contention of Flügge, denied by Cornet, that the transmission of pulmonary tuberculosis from one person to another is chiefly by means of the finest droplets thrown into the air in speaking, coughing, and sneezing, the experiments of DR. H. KOENIGER (*Zeitschrift für Hygiene und Infectionskrankheiten*, xxxiv., p. 119) are of interest. In order to give the expelled droplets a character which would enable them to be traced, he rinsed his mouth with liquid rich in *B. prodigiosus* or *B. mycoides* or with very dilute caustic soda. When the bacteria were employed, Petri dishes were exposed at different heights and distances, but when the alkali was used in place of the Petri dishes, glass plates coated with phenolphthalein were exposed. Since this agent turns pink when an alkali is brought in contact therewith, this method enables one to determine not only the number of the droplets, but their size as well. Shortly after rinsing the mouth and rejecting the surplus, he would take a position in a room, avoiding as much as possible unnecessary stirring up of the air, and then speak, sneeze, and cough. After an interval the number of colonies was determined. Tests were made with single letters, with different kinds of speaking by the same person and by different persons—loud, soft, and whispering—and to determine the influence of rapidity. It was found that no droplets are thrown out in ordinary exhalation, nor in vowel formation, while the number is very great with consonants, as *t*, *k*, and *p*, which